

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date:: 03/30/04

Application Type:: Utility

Subject Matter::

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title Line One:: Selectively Delivering Advertisements Based At
Least In Part On Trademark Issues

Title Line Two::

Attorney Docket Number:: 64557.000019 (GP-227-00-US)

Request for Early Publication?:: No

Request for Non-Publication?:: Yes

Suggested Drawing Figure::

Total Drawing Sheets:: 7

Small Entity?:: No

Petition Included?::

Petition Type::

Licensed US Government Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Application?:: No

Applicant Information

Applicant One Authority Type:: Inventor
Primary Citizenship:: India
Country:: India
Status:: Full Capacity

Applicant One Given Name:: Prashant
Middle Name::
Family Name:: Fuloria
Name Suffix::
City of Residence:: Mountain View
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address Line One:: 801 Churst Street #1115
Street of Mailing Address Line Two::
City of Mailing Address:: Mountain View
State or Province of Mailing Address:: CA
Country of Mailing Address:: US
Postal or Zip Code:: 94041

Applicant Two Authority Type:: Inventor
Primary Citizenship:: US
Country:: US
Status:: Full Capacity

Applicant Two Given Name:: Rose
Middle Name::
Family Name:: Hagan
Name Suffix::
City of Residence:: Berkeley

State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address Line One:: 484 Gravatt Drive
Street of Mailing Address Line Two::
City of Mailing Address:: Berkeley
State or Province of Mailing Address:: CA
Country of Mailing Address : US
Postal or Zip Code:: 94705

Applicant Three Authority Type:: Inventor
Primary Citizenship:: US
Country:: US
Status:: Full Capacity

Applicant Three Given Name:: Salar
Middle Name:: Arta
Family Name:: Kamangar
Name Suffix::
City of Residence:: Palo Alto
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address Line One:: 220 Palo Alto Avenue
Street of Mailing Address Line Two:: #104
City of Mailing Address:: Palo Alto
State or Province of Mailing Address:: CA
Country of Mailing Address:: US
Postal or Zip Code:: 94301

Correspondence Information

Correspondence Customer No.: 21967

Name:

Street of Mailing Address Line One:

Street of Mailing Address Line Two:

City of Mailing Address:

State or Province of Mailing Address:

Country of Mailing Address:

Postal or Zip Code:

Telephone Number:

Facsimile Number:

E-Mail Address:

Representative Information

Representative Customer Number: 21967

Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:

Foreign Priority Information

Country:	Application Number:	Filing Date:	Priority Claimed:

Assignee Information

Assignee Name:

Street of Mailing Address Line One:

Street of Mailing Address Line Two:

City of Mailing Address::

State of Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code::